

<b>PROPOSAL COVER SHEET</b>
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***Lewis County Chemical Dependency Treatment Services***

Proposed Service: **Adult Outpatient**                      Amount of Funds Requested: \$ \_\_\_\_\_

Anticipated Funding: **\$236,000**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Agency Director \_\_\_\_\_

Name

Phone

Staff Contact \_\_\_\_\_

Name

Phone

Title \_\_\_\_\_

Legal Status:    Public Agency \_\_\_\_\_

                    Private Nonprofit (501)(c)(3) \_\_\_\_\_

                    Private Profit \_\_\_\_\_

                    Other \_\_\_\_\_

Employer IRS I.D. Number \_\_\_\_\_

State of Washington Business License Number(s) \_\_\_\_\_

Certification Status \_\_\_\_\_

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete. In signing below, I agree to all terms and conditions in this proposal and I am authorized to negotiate contractual requirements.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_